Everfocus Electronics Corporation

Request for Return Authorization

Fax requests to 631-436-7350

►PLEASE COMPLETE ALL FIELDS TO EXPEDITE PROCESSING.

►WE WILL ISSUE RMA# WITHIN 24 HOURS AFTER RECEIPT OF COMPLETED FORM.

►PACKAGES WITHOUT RMA NUMBER ON THE BOX WILL NOT BE ACCEPTED.

Company Name:		Date:
Contact:		
Ship to Address:		
City, State, Zip		
Telephone:		Fax:
Model Number	**Serial Number on unit/module**	**Description of problem**

Request: REPAIR ( ) EXCHANGE ( )

Customer comments:

Tech Support ticket # _____

*****ALL CREDIT OR EXCHANGES MUST HAVE TECH SUPPORT TICKET NUMBER*****

►ALL RETURN GOODS ARE SUBJECT TO VERIFICATION BY EVERFOCUS.

For EverFocus Office Use Only:

Exchange/Credit Approved by:

RMA Receiving Dept. Comments:

RMA #:

Please enclose a copy of this form in package & send all returns to:

EverFocus Electronics Corp.
415 Oser Ave unit # S
Hauppauge, NY 11788